

Referral Form

Diabetes Support Services

EASTERN
COMMUNITY
HEALTH CENTRE



Changi
General Hospital
SingHealth

**For Appointment,
Eastern CHC (Tampines)
Tel: 6782 6885 Fax: 6782 9591**

PATIENT PARTICULARS (or affix patient's label)

Name: _____

NRIC: _____

Date of Birth: _____ Gender: F / M

Address: _____

_____ ContactNo: _____

Date of Appointment: _____

Time of Appointment: _____

SERVICES REQUESTED (by appointment only)

- Digital Diabetic Retinal Photography (DDRP) Diabetic Foot Screening (DFS)
- Nurse Counselling & Education Services (NCE)
- Healthy lifestyle education Insulin therapy Medication education
- Dietetic Service (DS)

PATIENT'S MEDICAL BACKGROUND

Drug allergy: Yes No Specify: _____

HbA1c Results: _____ Date of last HbA1c test: _____

Fasting Blood Sugar: _____ Date of last Fasting Blood Sugar test: _____

Existing Medical Conditions

- | | Year of Diagnosis | | Year of Diagnosis |
|------------------------------------|-------------------|---------------------------------------|-------------------|
| <input type="radio"/> Diabetes | () | <input type="radio"/> Hyperlipidaemia | () |
| <input type="radio"/> Hypertension | () | <input type="radio"/> Others: _____ | () |

Current Medications: _____

Referral Clinic (Clinic Stamp with tel and fax):

Name of Doctor: _____

MCR No.: _____

Signature: _____

Date: _____

Operating Hours (By appointment only)
Monday to Friday
8.30am to 12.00pm
1.00pm to 5.00pm

Eastern Community Health Centre (Tampines)
Our Tampines Hub 1 Tampines Walk,
#03-33, Singapore 528523
Tel: 6782 6885 Fax: 6782 9591